

ASAM CONTINUUM™

THE ASAM CRITERIA DECISION ENGINE

NOTE: This report contains an analysis and an initial placement recommendation derived by analyzing questionnaire items using a clinical consensus algorithm. This instrument is not a replacement for individual provider assessment and sound clinical judgment. ASAM and FEi Systems assume no direct or indirect liability for improper care or negative outcomes that may ensue from the use of this instrument. Consider your patient's needs carefully, using this instrument as one of many clinical tools that determine proper care. The criteria may not encompass all levels and types of services which may be available in a changing health care field. Therefore, the criteria may not be wholly relevant to all levels and modalities of care. Interviews conducted by non-medical/non-nursing personnel or via telehealth audio or video will contain more patient self-reported data. Subjective information may alter conclusions or recommendations; therefore, additional clinical assessment may be needed.

Class of Assessment:

Intake

Interview Was Conducted:

In person

ASAM CONTINUUM Assessment

DIAGNOSTIC FINDINGS

DSM-5 DIAGNOSIS: SUBSTANCE USE DISORDER(S)

| Drug | <input checked="" type="checkbox"/> Criteria Met with severity based on 11 criteria | Last Use | Imminent Risk Of Withdrawal |
|-------------------|-------------------------------------------------------------------------------------|------------|-------------------------------------|
| Alcohol | Severe 9 | 2 days ago | <input checked="" type="checkbox"/> |
| Nicotine products | Moderate 5 | 1 hour ago | <input checked="" type="checkbox"/> |

Specific Problematic Substance(s)

| | | |
|-------------------|-------------------------------------------------|--------------------------------------------------------------------------------|
| Alcohol | (whatever is on sale, usually vodka 1 pt a day) | |
| | <u>DSM-5 Criteria Met</u> | <u>DSM-5 Criteria Description</u> |
| | 01 | Often taken in larger amounts or longer than intended |
| | 02 | Persistent desire or unsuccessful efforts to cut down or control |
| | 03 | A great deal of time is spent to obtain, use, or recover |
| | 04 | Craving, or a strong desire or urge to use |
| | 06 | Continued use despite persistent or recurrent problems |
| | 08 | Recurrent use in situations in which it is physically hazardous |
| | 09 | Continued use despite causing or worsening a psychological or physical problem |
| | 10 | Tolerance (increased amounts or diminished effect) |
| | 11 | Withdrawal or use to relieve or avoid withdrawal |
| Nicotine products | (kools or marlboro; 5-10 days) | |
| | <u>DSM-5 Criteria Met</u> | <u>DSM-5 Criteria Description</u> |
| | 02 | Persistent desire or unsuccessful efforts to cut down or control |
| | 04 | Craving, or a strong desire or urge to use |
| | 09 | Continued use despite causing or worsening a psychological or physical problem |
| | 10 | Tolerance (increased amounts or diminished effect) |
| | 11 | Withdrawal or use to relieve or avoid withdrawal |

Drug use

| Drug | In the past: |
|------|--------------|
| None | |

Henry endorsed items in The ASAM Criteria instrument that indicate the probability of the above diagnoses and substance use history.

1. *ASAM CONTINUUM™ - The ASAM Criteria Decision Engine offers optional DSM-5 Substance Use Disorders Diagnoses, if desired, in the Report. DSM-5 Code Numbers and ICD-10 Code Numbers for medical billing purposes are not generated. Contact your EHR resource for these options and any license fees.*
2. *ASAM CONTINUUM™ considers Substance-Induced Disorder signs and symptoms in calculating their risks in the Level of Care recommendations. This version of the Level of Care Report does not, however, list diagnoses of these conditions.*
3. *Remission qualifiers are not implemented in this version of ASAM CONTINUUM™.*
4. ***Gambling** is not addressed in the ASAM algorithm and it is therefore not currently included in the ASAM CONTINUUM™ Assessment or Report.*
5. ***Tobacco Use Disorder:** This diagnosis is listed, if present. The current version of ASAM CONTINUUM™ uses data and tobacco use disorder to calculate interactions across the dimensions of care. Because tobacco use causes fewer social and legal consequences as a result of intoxication than other drugs, historically the levels of care for tobacco use disorder have been less intensive. This version of ASAM CONTINUUM™ therefore does not report specific level of care recommendations due to tobacco use disorder alone. Treatment is described in The ASAM Criteria textbook (2013 Edition, p. 385).*

WITHDRAWAL SCALES

Possible Non-Substance Use Disorder Psychological Conditions

Henry has a history of harm to himself or others, with a relative chronic, historical risk of 1 on a scale of 0 (little or no risk) to 6 (very strong risk). Henry is currently at risk of harming himself or others, with a relative current risk level of 4 on a scale of 0 (little or no risk) to 8 (very strong risk). Henry indicated that the current risk of harm is having a history of psychotic decompensation.

The CIWA-Ar alcohol and sedative withdrawal scale score is 13 on a scale of 0 to 67, indicating moderate withdrawal.

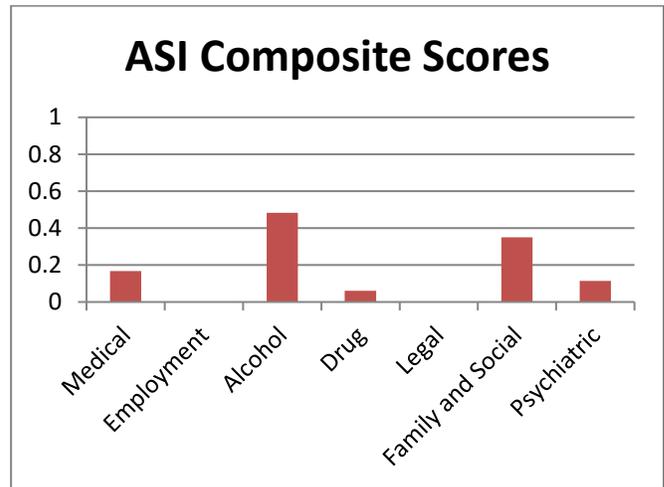
The CINA is not reported in the absence of recent opioid use.

ADDICTION SEVERITY INDEX COMPOSITE SCORES

The ASI Composite scores rate severity in seven areas of the patient's life. Analysis of his ASI responses revealed the following composite scores:

ASI Composite Scores

| Category | Value |
|-------------------|-------|
| Medical | 0.167 |
| Employment | 0.000 |
| Alcohol | 0.482 |
| Drug | 0.060 |
| Legal | 0.000 |
| Family and Social | 0.350 |
| Psychiatric | 0.114 |



GAF SCORE

| <u>Score Range</u> | <u>Patient Score</u> | <u>Description</u> |
|--------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 50 - 41 | 50 | Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job). |

CRITICAL ITEMS

The following critical medical/addiction item(s) were noted while completing this assessment:

1. The interviewer was unable to assess whether there is a reemergence of acute symptoms that can be safely addressed only in a medically-monitored setting. Further assessment by a medical professional is recommended.

The following critical psychological/psychiatric item(s) were noted in this assessment:

1. He has attempted suicide during his lifetime.

DIMENSIONAL ANALYSIS

Dimension 1 - Acute Intoxication and/or Withdrawal Potential

In Dimension 1, the patient's needs regarding withdrawal can be met at: Level 3.7-WM.

Dimension 2 - Biomedical Conditions and Complications

In Dimension 2, the patient's needs regarding biomedical issues can be met at multiple levels, including: Level 0.5, Level 1, Level 2.1, Level 2.5, Level 3.1, Level 3.3, Level 3.5.

Dimension 3 - Emotional, Behavioral or Cognitive Conditions and Complications

In Dimension 3, the patient's needs regarding emotional, behavioral or cognitive conditions and complications can be met at multiple levels, including: Level 2.1-COE, Level 2.5-COE, Level 3.1, Level 3.3, Level 3.3-COE, Level 3.5-COC, Level 3.7-COC.

Dimension 4 - Readiness to Change

In Dimension 4, the patient's needs regarding readiness to change can be met at multiple levels, including: Level 0.5, Level 1, Level 2.1, Level 2.1-COE, Level 2.5, Level 2.5-COE, Level 3.1, Level 3.1-COE, Level 3.5, Level 3.5-COE.

Dimension 5 - Relapse, Continued Use or Continued Problem Potential

In Dimension 5, the patient's needs regarding relapse, continued use or continued problem potential can be met at multiple levels, including: Level 3.1, Level 3.1-COE, Level 3.5, Level 3.5-COE, Level 3.7, Level 3.7-COE.

Dimension 6 - Recovery Environment

In Dimension 6, the patient's needs regarding recovery environment can be met at multiple levels, including: Level 1, Level 2.1, Level 2.5, Level 3.1, Level 3.1-COE, Level 3.5.

Levels of Care

+ Meets Criteria
WM Withdrawal Management
BIO Biomedical Conditions
COC Co-occurring Capable
COE Co-occurring Enhanced

| Dimension | 0.5 | 1 | OTS | 2.1 | 2.5 | 3.1 | 3.2 | 3.3 | 3.5 | 3.7 | 4 |
|-------------|-----|---|-----|----------|----------|----------|-----|----------|----------|----------|---|
| Dimension 1 | | | | | | | | | | WM | |
| Dimension 2 | + | + | | + | + | + | | + | + | | |
| Dimension 3 | | | | COE | COE | + | | + COE | COC | COC | |
| Dimension 4 | + | + | | + COE | + COE | + COE | | | + COE | | |
| Dimension 5 | | | | | | + COE | | | + COE | + COE | |
| Dimension 6 | | + | | + | + | + COE | | | + | | |

Please refer to Appendix for more details regarding [Dimensional Analysis definitions](#).

ACCESS TO TREATMENT ISSUES

The following items related to access to treatment were noted while completing this assessment:

1. Henry has indicated that he is unsteady on his feet, problems with walking or balance, such that he could easily fall or have trouble getting around or using stairs.
2. Henry does not have a valid driver's license.
3. Henry is unable to locate or safely get to community resources.
4. Henry does not have continuous monitoring available on an outpatient basis for the next 8 to 24 hours.
5. The clinician deduced from the interview or has information that indicates that Mr W's current behavior may be inconsistent with reliable self-care, safety, or an ability to participate effectively in treatment.
6. The patient cannot access services such as assertive community treatment and intensive case management.

FINAL LEVEL OF CARE RECOMMENDATIONS

The patient should be considered for each of the following services. The treatment team should consider his history carefully and provide the patient with the level of care and services that best suit his presentation.

1. Henry may require initial treatment in a Level 3.7-WM -- medically monitored inpatient withdrawal management program.
2. Henry meets the criteria to be admitted to a Level 3.7 medically monitored intensive inpatient Co-Occurring Enhanced program as he appears to have active co-occurring emotional, behavioral, or cognitive needs and/or risks that may need further evaluation and treatment or treatment revision.

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